IOWA 1/1/00

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS

FOR PAYMENT

Chapter 249, Code of Iowa.

EFFECTIVE DATE January 1, 1974 (blind), May 1, 1974 (aged and disabled).

ADMINISTRATION ¹ Social Security Administration; State Department of Human

Services.

PASSALONG In compliance by the method of total expenditures.

SCOPE OF Optional State supplement provided to aged, blind, and disabled **COVERAGE** persons living in the arrangements listed under "Payment Levels."

Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for

optional supplementary payments if living in their own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.

RECOVERIES,

LIENS, AND

ASSIGNMENTS

None.

RELATIVE

RESPONSIBILITY

None.

INCOME

DISREGARDS

No disregards in addition to the Federal income disregards.

RESOURCE

LIMITATIONS

Federal SSI resource limitations apply.

PLACE OF

APPLICATION

Social Security Administration field offices for federally

administered payments; local offices of State Department of

Human Services for State-administered payments.

State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care. Social Security Administration administers all other supplemental payments, including mandatory minimum supplementation.

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FUNDING Assistance: State funds.

Administration: State funds.

INTERIM ASSISTANCE

State participates.

PAYMENT LEVELS 1

		Combined Federal/State		State supplementation	
<u>Code</u>	Living arrangements	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: Blind	\$534.00	² \$813.00	\$22.00	³ \$44.00
В	Living in household of another: Blind	363.34	³ 556.67	22.00	³ 44.00
С	Living with dependent person:				
	Aged and disabled	769.00	1,026.00	257.00	257.00
	Blind	791.00	³ 1,070.00	279.00	³ 301.00
D	Family Life	574.20	1,168.40	62.20	399.40
Н	Living with dependent person in household of another:				
	Aged and disabled	598.34	769.67	257.00	257.00
	Blind	620.34	813.67	279.00	301.00
I.	Family life or boarding home (one-third reduction in Federal benefit rate applies)	403.54	912.07	62.20	399.49
	Residential care	825.06	N/A	³ 313.06	N/A
	In-home health care	978.49	4 1,701.98	⁵ 466.79	5 932.98

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

Payment level when both members of couple are blind; when one member blind, payment is reduced by \$22.

³ Represents maximum amount paid. Amount of State supplement is based on allowable costs of residential care (\$17.36 to \$24.26 per day) plus a personal needs allowance of \$73 per month minus the Federal SSI payment. Payment is State-administered.

⁴ Payment based on both members of a couple needing in-home health related care. When only one member needs care, payment is reduced by \$466.79. Supplement is State-administered.

Payment based on actual cost of in-home health-related care up to a maximum of \$466.49 plus basic Federal benefit. Payment is State-administered.



STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY

PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL

EXPENSES

The Social Security Administration obtains this information.